

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101586661

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	0					
2	1					
3	1					
4	1					
5		4				
6		1				
7	1					
8	1					
9	1					
10		3				
11		1				
12		2				
13		1				
14	1					
15		1				
16		1				
17	1					
18		1				
19	1					
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49						
50						
TOTAL IND.	17	↓		↓		↓
TOTAL DEP.	20	←		←		←
TOTAL CLAIMS	37					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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88						
89						
90						
91						
92	1					
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						